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10/728,248	12/04/2003 RULE	600	3736	01194-824001

APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY MA	SHEETS DRAWINGS 5	TOTAL CLAIMS 31 	INDEPENDENT CLAIMS 3 
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ADDRESS

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 UNITED STATES

TITLE

Medical Instrument With A Rotatable Stylet

FILING FEE RECEIVED 1388	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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